



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

November 22, 2017

The Honorable Diane Black
United States Representative
1131 Longworth House Office Building
Washington, DC 20515

Dear Representative Black:

Thank you again for your continued support of the Tennessee Department of Health and the important work our state is doing on behalf of safeguarding and improving the health of people in Tennessee. We appreciate all of your careful attention to assure our ongoing ability to provide these services.

In June, the U.S. House of Representatives' Ways and Means Committee introduced legislation reauthorizing the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). H.R. 2824, the Increasing Opportunity through Evidence-Based Home Visiting Act, calls for a five-year extension at the current annual allocation of \$400 million. The bill includes significant modifications to the MIECHV program that are concerning to the Tennessee Department of Health, (TDH), the State agency that administers the program in TN.

We have serious concern about the matching requirement that is proposed in HR 2824. The re-authorizing legislation requires a 1-to-1 State match requirement for each MIECHV dollar by 2022. We are currently receiving \$9,935,297 in MIECHV federal funds annually. In Federal Fiscal Year 2016, 1,655 families were served in 31 counties with 68.5 home visitor FTEs. Those counties are: Campbell, Claiborne, Cocke, Coffee, Cumberland, Davidson, DeKalb, Dickson, Dyer, Grundy, Hamilton, Hardin, Haywood, Hardeman, Henderson, Johnson, Knox, Lake, Lauderdale, Lawrence, Madison, Marion, Maury, McMinn, Monroe, Polk, Rhea, Scott, Sequatchie, Sevier, and Shelby.

Currently \$3,237,500 in state funding (this includes \$1,000,000 from Department of Human Services in TANF funds) is dedicated to evidence based home visiting. The requirement for a one to one match of state to federal funding would thus equal a loss of \$6,697,797 to Tennessee if current state funding amounts stayed the same. This would result in 1,116 fewer families being served through home visiting as well as a loss of 51 home visitor FTEs.

I truly appreciate your advocacy and recognition of the value the MIECHV program has to our state. A loss of funding to any of these programs would substantially decrease our ability to provide core public health services that are critical to the people we serve in Tennessee. **If these efforts are not funded I certainly anticipate these services would not be able to be maintained by the state and result in a substantial reduction in services to the youngest and most vulnerable Tennesseans.** We are happy to provide you with any additional information that you may need. We appreciate your ongoing diligent stewardship of these vital funds. Thank you for your consideration as we work together to do all we can protect, promote, and improve the health and prosperity of people in Tennessee and thank you for your continued service on behalf of Tennesseans.

Thank you for your continued service on behalf of Tennesseans.

Sincerely,

John J. Dreyzehner, MD, MPH, FCOEM
Commissioner

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